Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

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ate and Zip Code)			•	d. Date Filed
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3		MAR 0 7 2016		e. Phone Number
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hat no funds are comn	mingled with pro	rohibited or other non	1-disclosed fur	inds. I further certify that this
ct and that I have bee	n trained by the	e NC State Board of	Elections.	nuo. I latatot votat, and and
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ner	Signatu	ure of Appointed Treasi	urer	Date
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the Statement of O	rganization (C	CRO-2100A-E) to t	make commi	ittee changes
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Disclosure Report	Cover	Addendum
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Amendment	
☐ Yes	No

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Use this form to report additional bank account information that did not fit on the Disclosure Report	~	
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1. Committee Full Name (ar			2. ID Number
Kavin	Committee		
3. Account Information		3. Account Informa	ition
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	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
CERTIFICATION			•
I certify that the Committee	or Fund is in compliance wit	h all applicable provision	s of Article 22A, 22B & 22D-22M of
Chapter 163 of the NC Gene	eral Statutes and that no fund	s are commingled with pro	ohibited or other non-disclosed funds. I
further certify that this repor	it is complete, true and correg	and that I have been train	ined by the NC State Board of Elections
Frederick KRavin	ME A	-\//r>	3/7/46
Printed Name of S Please Note: This cover of		Signature of Appointed Treasur	rer / Date
	infe	ormation.	such as the committee name or account
You must amer	nd the Statement of Organiza	tion (CRO-2100A-E) to n	nake committee changes

Detailed Summary

se this form to summarize all disclosure reporting forms and to total monetary information

Ravin Committee First Quarter
4) Cash on Hand at Start 5) Aggregated Contributions from Individuals 6) Contributions from Individuals 7) Contributions from Political Party Committees 8) Contributions from Other Political Committees 9) Loan Proceeds 10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources 11a) Interest on Bank Accounts 11b) Contributions from Not-for-Profit Organizations 11c) Outside Sources of Income 11d) Legal Expense Fund – Other Sources 11e) Exempt Purchase Price Sales 11c) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 11e) Exempt Purchase Price Sales 11d) Refunds Reporting Period 8 242.37 \$ 0 Reporting Period Reporting Period Reporting Period Reporting Period Election Cycle \$ 242.37 \$ 0 262.17 \$ 354.54 2839.35 \$ 2839.35 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4) Cash on Hand at Start 5) Aggregated Contributions from Individuals 6) Contributions from Individuals 7) Contributions from Political Party Committees 8) Contributions from Other Political Committees 9) Loan Proceeds 10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources 11a) Interest on Bank Accounts 11b) Contributions from Not-for-Profit Organizations 11c) Outside Sources of Income 11d) Legal Expense Fund – Other Sources 11e) Exempt Purchase Price Sales 11e) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 262.17 \$ 262.17 \$ 354.54 (CRO-1200) \$ 2593.35 \$ 2839.35 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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13) Disbursements
13a) Operating Expenditures (CRO-1310) \$ 717.29 \$ 717.29
13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 500 \$
13c) Coordinated Party Expenditures (CRO-1310) \$
14) Aggregated Non-Media Expenditures (CRO-1315) \$ 82.17 \$ 82.17
15) Loan Repayments (CRO-1420) \$
16) Refunds/Reimbursements From the Committee (CRO-1320) \$
17) In-Kind Contributions (CRO-1510) \$ 1293.35 \$ 1389.35
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 2592.81 \$ 2688.81
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 505.08 \$ 505.08
ADDITIONAL.
20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$
22) Debts and Obligations owed By the Committee (CRO-1610) \$
23) Debts and Obligations owed To the Committee (CRO-1620) \$
24) Account Transfers Within the Committee (CRO-1720) \$
25) Administrative Support (CRO-1710) \$ \$
26) Forgiven Loans (CRO-1440) \$ \$
27) 48-Hour Notice Reports Sum (CRO-2200) \$
28) Contributions to be Refunded (CRO-1215) \$

Amendment

No

Aggregated Contributions from Individuals

Page

<u>1</u> of

Amendment

Yes

No

Optional form used to report NC Contributions From Individuals of \$50 or less

	Committee					
		AT THE PARTY				
. Amen	ıd	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date	f. Amount
<u> </u>	Add		In-Kind	Office	(mm/dd/yyyy)	2 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -
_	Remove		in-King	Supplies	2/17/2016	\$ 7.93
	Add		In-Kind	Office		
⊒	Remove		III-KINQ	Supplies	2/5/2016	\$ 19.25
	Add		In-Kind	Printing	7/5/2016	
<u>]</u>	Remove		III-KIIIQ		2/6/2016	\$ 35.52
	Add		In-Kind	Printing	2:5:504.5	
<u>]</u>	Remove		III-KIIIG		2/6/2016	\$ 6.34
]	Add		In-Kind	Printing	2:5:004	
₹	Remove		III-KIIIG		2/5/2016	\$ 1.13
<u> </u>	Add		In-Kind	Website		
<u>]</u>	Remove		III-KING	Template	1/22/2016	\$ 12.00
<u>]</u>	Add	2	Online			
	Remove		Online		2/3/2016	\$ 50.00
<u></u>	Add	_ 2	Online			
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]	Add	_ 2	Online			
]	Remove		Online		2/5/2016	\$ 10.00
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]	Remove	7 2	Online		2/18/2016	\$ 35.00
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]	Remove	2	Online	1	2/28/2016	\$ 50.00
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	e city, state, & zip)			Veteran Services		u. Comme	ints	
Lois D H	Iarvin-Ravin	<u></u>		- Votorum Sorvices				
4309 Ty	ne Drive			c. Employer's Name	/Specific Field			
Durham,	, NC 27703			Durham County		1		
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	city, state, & zip)	& Fhone		b. Job Title/Professional	on	d. Comme	nts	
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4309 Tyr				c. Employer's Name/	Specific Field			
•	NC 27703			City of Durham	Specific Field	1		
,				City of Durnam		e Flection	Sum to Date	
							Sum to Date	<u> </u>
						\$	983.79	
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Contr	ributions fro	m Individuals		Ps	t 2 of	2	Amendme Ye	
Use this	form to report ind	lividual contributions	over \$50			O 1205 is no		· <u> </u>
E Civili			T to year					
Ravin Co	ommittee							
				n Creek en la				
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
Clay Por	e city, state, & zip)			Graphic Designer				
	lish Ivy Drive			c. Employer's Name/S	pecific Field			
Durham,	NC 27703			American Institute				
İ				of CPA		e. Election S	oum to Date	
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Marie Committee	city, state, & zip)						S aji da da anada da d	
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f. Prior	Ditto : fast and the color of t	& Phone h. Form of Payment		b. Job Title/Profession Self c. Employer's Name/Sp	ecific Field	s yy) d. Comments e. Election So	k. Amount \$ \$ \$ \$ um to Date k. Amount \$	100.00

Amendment

Disbursements	isbursemer	nts	
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Pg	1	of	3		ndment Yes	対	No
renses	contrib	uition	e to on	ndid.	ntalmalie	اممان	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee l	ull Name (an	d Fund	l if applicable)	, ,		7 24	erija ar er	2. ID Number
Ravin	Committee	٤						
3. Type of Dist		Please	use separate Cl	RO-131	forms for	each type of	Disburs	ement.)
Operating Exp		Cont	tributions to Candid	ates/Politi	cal Committee	s 🔲	Coordin	ated Party Expenditures
4. Payee Inform			en e		Add 🗆	Remove		
a. Full Name, M	-	s & Pho	one	-	b. Coordinat	ted Committee	Name	d. Comments
(include city, state	, & zip)				4			Supplies for MIK
Wal-Mar	t Super i	Centu	•			istered (Specify		Parade participation
1525 Ble	4 School	PA			Federal State	Cou	•	771
Durham, N					State	IVIU:	nicipality:	
Juli 11			_					\$ 25.48
f. Account Code	g. Form of Pays	ment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. l	Required Remarks
/	Debit Car	4	0*	2/6	5/16	\$ 25.48		Sunalissiandy
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4.Payee Inform	potion **	9 +50 W.H.	k Children Strain and th	243795	Add -	Ψ Contraction	And Shipping	The Carlotte Control of the Control
a. Full Name, Mail			A STATE OF THE STA		7-23-7-22	ed Committee	No	
(include city, sta					D. Cooldings	eu Communee ;	Name	d. Comments
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A* - Media		Printing			ndraising	D - '	To Anot	her Candidate
E - Salaries		Equipm			tical Party			g Public Office Expenses
I - Postage	J - P	enalties			fice Expens			on to Legal Expense Fund
O* Other	.		_			-		
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Disbursen	nents				Pg 1 o	. 3	Amendment Yes No
Use this form to	to report expenditures	from the commit	ttee for c	operating exp	penses, contribu	utions	to candidate/political
committees and	d coordinated party ex	xpenditures		·			•
	Full Name (and Fun	d if applicable)					2. ID Number
	u Committee	-		·		······································	
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	mation Mailing Address & Ph	Long	<u> </u>	h. Coordinate	Remove ted Committee Nan		T
a. Pull Name, w (include city, state	-	10110		D. Cou ware	ed Commune Nam	ne	d. Comments
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7. Primose Codes Il ist detailed expenditure code in (h.) abo

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7.1 ur pose couts	(1.28) detanien exte	mutaire code in	(B.) 8001
A* - Media	B* - Printing	C*	- Fundr

F* - Equipment E - Salaries I - Postage

raising

D - To Another Candidate

J - Penalties

G - Political Party K* - Office Expenses H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* Other CRO-1310

* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

D. I.		_		7	Amendment		
Disbursements	Pg	3	of	>	Yes		Nα
Use this form to report expenditures from the committee for angesting and							
Use this form to report expenditures from the committee for operating exp	encec	contri	hntic	ma to ac		:421	

committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number Ravin Committee 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments include city, state, & zip) DCABP PAC c. Level Registered (Specify) P.O. Box 1843 Federal County: State Municipality: e. Election Sum to Date Durha, K 27702 \$ 500 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Check 2/23/16 \$ 500,00 Conditation 4. Payee Information ☐ Add ☐ Remove Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: ☐ State Municipality: e. Election Sum to Date Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 4. Payce Information □ Add Remove . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) ☐ Federal County: ☐ State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 5. Total only this Page 500 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 1217, 791 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund

O* Other

Aggregated Non-Media Expenditures

Page of Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)

i. Commit		and rund a appaica	ine)		2. ID Number	
		Committee				
3. Payee Is						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
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In-K

7. 1.6								
Kind Contributions	Pg	1	of	1		Yes	\boxtimes	No
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is form to report non-monetary contributions, donations, god	ide or carvidae ni	orvidad	l ta tha a		+00 0m f	1		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.	
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.	
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Ravin Committee								
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a. Full Name, Mailing Address & Phone	b. Ty	e of (Contributor	c. Co	mments			
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Frederick X Ravin III	☐ Car		ndidate	1	ine Ads			
4309 Tyne Drive	П		ty	New	vletter Cost			
Durham, NC 27703		PAC		<u></u>				
			erendum	d. Ele	ection Sum to Date			
	∐	Othe	er Receipt Source	\$	783.79			
e. Description			f. Date (mm/dd/yy)	уу)	g. Fair Market Amount			
Parade Cost - Candidate Fee			1/6/2016	1	\$ 150.00			
Online Advertisement Cost			3/7/2016		\$ 437.81			
Newsletter Fees			3/7/2016		\$ 99.98			
3: Contributor forocaration 1888 2015 1975 1988	Cimoy.	i Minis		killi ii				
a. Full Name, Mailing Address & Phone			Contributor	c. Cor	mments			
(include city, state, & zip)		Indi	vidual		American Communication of the			
Samantha Ravin		Cano	didate					
104 Northern Shirke Ct		Party	•					
Durham, NC 27704		PAC			·			
		Referendum		d. Ele	ection Sum to Date			
		Othe	er Receipt Source	\$	605.56			
e. Description			f. Date (mm/dd/yyy	уу)	g. Fair Market Amount			
Flyer Printing			2/9/2016		\$ 183.16			
Lawn Signs			2/10/2016	<u> </u>	\$ 359.60			
Campaign Sign			2/6/2016		\$ 62.80			
	e)moya							
			Contributor	с. Соп	mments			
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